

# ATTACHMENT 1

## Sample Wisconsin CARES System Patient Liability Report

REPORT ID: CCN150RA

WISCONSIN CARES SYSTEM  
PATIENT LIABILITY REPORT  
FOR THE WEEK OF MARCH 16, 2001 - MARCH 22, 2001

PAGE: 1  
RUN DATE: MM/DD/YYYY  
RUN TIME: XX:XX  
AS OF DATE: MM/DD/YYYY

CASE NUMBER	PRIMARY PERSON	LIABILITY STATUS	ACTION DATE	-- LIABILITY PRIOR	AMOUNT -- CURRENT	EFFECTIVE BEGIN DT	EFFECTIVE END DT
4100000001	RECIPIENT IMA B	CLOSURE	03/17/01	347.90	0.00	04/01/01	-- NA --
9100000001	RECIPIENT IMA C	CLOSURE	03/20/01	859.41	0.00	05/01/01	-- NA --
7110000003	RECIPIENT IMA D	APPROVED	03/17/01	0.00	1,751.63	04/01/01	-- NA --
3100000005	RECIPIENT IMA E	APPROVED	03/17/01	0.00	567.37	04/01/01	-- NA --
4100000005	RECIPIENT IMA F	CLOSURE	03/17/01	963.00	0.00	04/01/01	-- NA --
5100000005	RECIPIENT IMA G	INCREASED	03/16/01	71.79	663.46	04/01/01	-- NA --
6100000009	RECIPIENT IM B	APPROVED	03/17/01	0.00	592.00	04/01/01	-- NA --
0100000006	RECIPIENT IMA H	CLOSURE	03/20/01	473.50	0.00	05/01/01	-- NA --
2100000006	RECIPIENT IMA I	APPROVED	03/17/01	0.00	1,511.22	04/01/01	-- NA --
2100000001	RECIPIENT IMA J	DECREASED	03/22/01	788.61	784.71	05/01/01	-- NA --
6100000007	RECIPIENT IMA K	APPROVED	03/17/01	0.00	518.00	04/01/01	-- NA --
4100000008	RECIPIENT IMA L	APPROVED	03/17/01	0.00	396.00	04/01/01	-- NA --

PROVIDER NAME, INC.  
1234 NAMEOF ST  
CITY WI XXXXX

Use the liability  
amount listed from  
the "Current" column  
and effective begin  
date.